



**Department of the Treasury**  
Federal Law Enforcement Agencies  
**PROCESS RECEIPT AND RETURN**

PLAINTIFF <b>UNITED STATES OF AMERICA</b>		COURT CASE NUMBER CR No. 04-30046-MAP	
DEFENDANT(s) <b>PASQUALE ROMEO</b>		TYPE OF PROCESS <b>ORDER OF RESTITUTION IN LIEU OF FORFEITURE</b>	
<b>SERVE AT</b>	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize <b>\$12,643.00 in United States Currency</b>		
	Address (Street or RFD / Apt. # / City, State, and Zip Code)		
Send NOTICE OF SERVICE copy to Requester:  KRISTINA E. BARCLAY, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)  <b>Please dispose of the above-named currency by turning it over to Christine Karjel, Clerk of the District Court of Massachusetts, 1 Courthouse Way, Boston, Massachusetts 02210, (617) 748-9134, in accordance with the attached Order of Restitution in Lieu of Forfeiture and applicable law.</b>			
<b>CATS NO. 05-IRS-000943</b>		<b>LJT x3283</b>	
Signature of Attorney or other Originator requesting service on behalf of		[ X ] Plaintiff [ ] Defendant	Telephone No.  (617) 748-3100
SIGNATURE OF PERSON ACCEPTING PROCESS:		Date  Dec. 6, 2006	
<b>SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY</b>			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
			Date <b>2/16/07</b>
I hereby Certify and Return That I [ ] PERSONALLY SERVED, [ ] HAVE LEGAL EVIDENCE OF SERVICE, [X] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
[X] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		[ ] A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service <b>2/16/07</b>	Time of Service <b>9:00</b> [X] AM [ ] PM
		Signature, Title and Treasury Agency <b>IRS - Special Agent CF</b>	
REMARKS: <b>check sent to clerk of court on 2/16/07</b>			